

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000. OMB 0651-0031 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a

PTO/SB/21 (6-98)

valid OMB control number.

TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/292,132
Filing Date	April 14, 1999
First Named Inventor	Salman Akram
Group Art Unit	2812
Examiner Name	S. Mulpuri
Attorney Docket Number	MI22-1171

ENCLOSURES (check all that apply)						
Africation Street Africation Africation Certified Concument (Certified C	Attached (check for \$36.00) of Response to /09/99 Office or Final Action davits/declaration(s) of Time Request Disclosure Statement opy of Priority		Assignm (for an A Drawing Licensin Petition and Acc Petition Provision Power of Change Address Terminal Small En	nent Papers Application) (s) g-related Papers Routing Slip (PTO/SB/69) companying Petition to Convert to a nal Application of Attorney, Revocation of Correspondence		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s) (please identify below): Return Postcard Receipt
1.52	2 or 1.53					
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm <i>or</i> Individual name	James D. Shaw Wells, St. Jo		-	. #39,833 ts, Gregory & Mat	kin	P.S.
Signature		2	\sqrt{Q}			
Date	2/9/	00				
CERTIFICATE OF MAILING						

envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Feb. 9, 2000 Typed or printed name Patricia L. Palmer 219100 Date Signature

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be send to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FP 28 12 \$17/20

PTO/SB/17 (2/98) Approved for use through 9/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$) 36.00

	<u> </u>				
Complete if Known					
Application Number	09/292,132	TPE			
Filing Date	April 14, 1999	70			
First Named Inventor	Salman Akram	FFR 1 4 2000 E			
Examiner Name	S. Mulpuri	\$			
Group / Art Unit	2812	The said			
Attomey Docket No.	MI22-1171	& TRAU			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated tees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Description	Fee Paid		
Deposit Account 23-0925	Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath			
Number Deposit Account Wells, St. John, Roberts	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.	0.00		
Name	139 130 139 130 Non-English specification	0.00		
Fee Required Under 37 C.F.R. §1.18 at the Mailing	147 2,520 147 2,520 For filing a request for reexamination	0.00		
37 C.F.R. §§ 1.16 and 1.17 of the Notice of Allowance 2 X Payment Enclosed:	112 920° 112 920° Requesting publication of SIR prior to Examiner action	0.00		
2. X Payment Enclosed: X Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00		
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00		
	116 400 216 200 Extension for reply within second month	0.00		
1. BASIC FILING FEE	117 950 217 475 Extension for reply within third month	0.00		
Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid	118 1,510 218 755 Extension for reply within fourth month	0.00		
Code (\$) Code (\$)	128 2,060 228 1,030 Extension for reply within fifth month	0.00		
101 790 201 395 Utility filing fee	119 310 219 155 Notice of Appeal	0.00		
106 330 206 165 Design filing fee	120 310 220 155 Filing a brief in support of an appeal	0.00		
107 540 207 270 Plant filing fee	121 270 221 135 Request for oral hearing	0.00		
108 790 208 395 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceedi	ng0.00		
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	0.00		
SUBTOTAL (1) (\$) 0.00	141 1,320 241 660 Petition to revive - unintentional	0.00		
2. EXTRA CLAIM FEES	142 1,320 242 660 Utility issue fee (or reissue)	0.00		
Extra Claims Fee from Fee Paid	143 450 243 225 Design issue fee	0.00		
Total Claims $27 - 20^{**} = 2 \times 18 = 36.00$	144 670 244 335 Plant issue fee	0.00		
Independent 4 - 3** = x 78 =	122 130 122 130 Petitions to the Commissioner	0.00		
Multiple Dependent = 0	123 50 123 50 Petitions related to provisional application			
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure St			
Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	0.00		
103 22 203 11 Claims in excess of 20	146 790 246 395 Filing a submission after final rejection (37 CFR 1.129(a))	0.00		
102 82 202 41 Independent claims in excess of 3	149 790 249 395 For each additional invention to be			
104 270 204 135 Multiple dependent claim, if not paid 109 82 209 41 ** Reissue independent claims	examined (37 CFR 1.129(b))	0.00		
over original patent	Other fee (specify)	0.00		
110 22 210 11 ** Reissue claims in excess of 20 25 claims and over original patent	Other fee (specify)	0.00		
paid for subtotal (2) (\$) 36.00 • Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00				
SUBMITTED BY	Complete (if ap	plicable)		

SUBMITTED B	Y	Complete (if	applicable)
Typed or Printed Name	James D. Shaurette Wells, St. John, Roberts, Gregory & Matkin P.S.	Reg. Number	39,833
Signature	Date 2/9/00	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.